

MBCHP Site Report Review Form

Administrative Site:

Date Received:

Review Date:

Report Number: 1 2 3 4
(circle one)

The comments column should be used to clarify any “NO” response or to provide additional information.

REVIEW CRITERIA FOR REPORT # 1-DUE OCTOBER 10	YES	NO	COMMENTS
Contractor information included with updates			
Match report			
--Matching funds itemized; quarterly or annual			
Coalition minutes attached; including updated list of members			
Work plan for the funding year (<i>the following requirements need to be present in annual work plan</i>) <u>Screening</u> --Four specific strategies/activities that will be conducted to serve/outreach/meet screening goals of one or more of the following target populations; Women 50-64 years old, Never/Rarely screened women; AI women. --Evaluation methods for outreach strategies listed above. --One strategy to ensure data collection forms are completed and submitted to the state office in a timely manner. <u>Rescreening</u> --Indicate strategy to rescreen women. --Indicate strategy to follow CDC cervical screening policy. --Indicate referral strategy for women who are no longer MBCHP eligible. <u>Tracking/Follow Up/Case Management</u> --Describe the process that ensures all MBCHP clients with abnormal screening results receive notification of results, timely follow-up and referral to Montana Breast & Cervical Treatment Program			

(MBCCTP) if necessary. <u>Public & Professional Education</u> --Develop/Maintain a coalition and provide minutes from four coalition meetings (held quarterly). --Use coalition to develop public education strategies and to assist with evaluation methods. --Develop/Conduct ongoing evaluation to determine the most effective public education and outreach methods for multi-county site (example-short surveys at outreach events). --Recruit and enroll any new medical service providers for your multi-county area annually. --Attend MBCHP statewide meetings and conference calls as required. <u>Collaborations & Partnerships</u> --Maintain and/or develop relationships and new coalition members annually with local partners, agencies and organizations to increase community awareness and access to MBCHP program.			
Sub-Contractor workplan – inclusive/attached			

Staff sign off after reviewing report:

REVIEW CRITERIA FOR REPORT #2 – DUE JANUARY 10	YES	NO	COMMENTS
Contractor information included with updates			
Match report --Matching funds itemized; quarterly or annual			
Copy of coalition meeting minutes; including list of coalition members and affiliations			
Work Plan/Evaluations/Changes			

Staff sign off after reviewing report:

REVIEW CRITERIA FOR REPORT #3 – DUE APRIL 10	YES	NO	COMMENTS
Contractor information included with updates			
Match report --Matching funds itemized; quarterly or annual			
Copy of last coalition meeting minutes; including list of coalition members and affiliations			
Work Plan/Evaluation/Changes			

Staff sign off after reviewing report:

REVIEW CRITERIA FOR REPORT #4 – DUE JULY 10	YES	NO	COMMENTS
Contractor information included with updates			
Match report --Matching funds itemized; quarterly or annual			
Copy of last 2 quarters of coalition meeting minutes; including list of coalition members and affiliations			
Work Plan/Evaluation/Changes			

Staff sign off after reviewing report: